



STATE OF MONTANA
DEPARTMENT OF CORRECTIONS
REQUEST FOR VEHICLE ASSIGNMENT

Requesting Facility: _____

**Employee Assigned
to the Vehicle:** _____

Please describe how your role qualifies as a quick emergency response. Justification must answer the question as outlined in the decision tree. (use additional paper if necessary)

PERMANENT VEHICLE ASSIGNMENT WILL BE ALLOWED ONLY WHEN DOING SO IS CLEARLY CONSISTENT WITH THE DEPARTMENT'S MISSION AND THE OPERATIONAL NEEDS OF THE FACILITY/PROGRAM. PER 2-17-425, 2(b), EMERGENCY RESPONSE RECORDS MUST BE SUBMITTED TO THE FLEET MANAGEMENT UNIT WHO WILL FORWARD TO THE DIRECTOR FOR REVIEW EVERY 6 MONTHS.

Signature of Approval by Administrator

Date

Signature of Approval by Director

Date
